D: Ill the thorner		
Ronald L. Tsosie #29723-00	80	
Name and Prisoner/Booking Number  U.S.P. – CANAAN	NOV - 8 2010	
Place of Confinement		
% Вох 300	TERESA L. DEPPNER, CLERK U.S. District Count	
Mailing Address	Southern District of West Virginia	
Waymart, PA 18472 City, State, Zip Code	•	
(Failure to notify the Court of your change of address may rest	ult in dismissal of this action.)	
(Fanare to notify the Court of your change of address may rest	are in dismissar of this actionly	
ANT MARKET ATTAINMENT COMPANY		
	TES DISTRICT COURT	
FOR THE DISTR	ICT OF West Virginia	
Pula I Tensin	)	
Konald L. 15051e  (Full Name of Plaintiff)  (Full Name of Plaintiff)		
(Full Name of Plaintiff) Plaintiff,	)	
vs.	) CASE NO. 2.10-0V-1288	
	(To be supplied by the Clerk)	
(1) Bureau of Prisons,	)	
(2) Employees of the	)	
(2) Chiployees of the	) CIVIL RIGHTS COMPLAINT	
(3) United States	) BY A PRISONER	
	)	
(4)	) Driginal Complaint	
Defendant(s).	)  First Amended Complaint	
Check if there are additional Defendants and attach page 1-A listing them.	) Second Amended Complaint	
A. JURI	SDICTION	
1. This Court has jurisdiction over this action purs	uant to:	
☐ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983		
28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).		
	: 28 USC 1505-Indian Claims	
28 U 5 C. 13 4 6 (b)* U 4	SP Hazelton-Brighton Mills.	
2. Institution/city where violation occurred:	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

### **B. DEFENDANTS**

1.	Name of first Defendant: B.O.P. Employees at USF	The first Defendant is employed at:
	United States at UST (Position and Title)	(Institution)
2.	Name of second Defendant:at	The second Defendant is employed as:
	(Position and Title)	(Institution)
3.	Name of third Defendant:at	The third Defendant is employed as:
	(Position and Title)	(Institution)
4.	Name of fourth Defendant:at	•
	(Position and Title)	(Institution)
If y	ou name more than four Defendants, answer the questions listed above for ea	ach additional Defendant on a separate page.
	C. PREVIOUS LAWSUITS	S
1.	Have you filed any other lawsuits while you were a prisoner?	Yes No
2.	If yes, how many lawsuits have you filed? Describe the	e previous lawsuits:
	a. First prior lawsuit:  1. Parties: 15051e v. Mi  2. Court and case number: U.S.C.K - 09-16439-A  3. Result: (Was the case dismissed? Was it appealed?	cheal Garrett etal  11th circuit of Appeals  Is it still pending?)
	b. Second prior lawsuit:  1. Parties: TSOSIE v. Roi  2. Court and case number: Secondon PA. Civil No.  3. Result: (Was the case dismissed? Was it appealed?  Pending	nnie Holt etal  3: CV-10-0255  Is it still pending?)
	c. Third prior lawsuit:  1. Parties:v  2. Court and case number:  3. Result: (Was the case dismissed? Was it appealed?	·

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

# D. CAUSE OF ACTION

1.	Sta Un	te the constitutional or other federal civil right that was violated: Duty of Care breached der 18 U.S.C 4042, 28 U.S.C. 1346(b)
2.	N U	unt I. Identify the issue involved. Check only one. State additional issues in separate counts.  Basic necessities
citi	h De ng le con Sp as a ade chie colat let Thi	porting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what fendant did or did not do that violated your rights. State the facts clearly in your own words without gal authority or arguments.  December 21,7008 Myself and two Native Americans was Specified from U.S.P. Hazelton in Brighton Mills, West Virginia to Canaan in Waymart Pennsylvania. During this road frip we leprived of toilet facilities for 10 to 11 hrs. When requests were well-did we're almost their. The Bop staff had a opportunity to us use the toilet when we stopped at U.S.P. Allenwood, But was a this when we stopped there for an hour or so. This was in tion of Basic Human needs. La faut V. Smith, 834 F.2d 389, 392-94 (42 prior our theld failure of prison Officials to ensure inmates had accessible facilities resulted in Violation of inmates Constitutional rights. stort claim is not for a Constitutional Violation, But for deprived nimal civilized measures of life's necessities.
	Inj Ext >to	ury. State how you were injured by the actions or inactions of the Defendant(s). Treme pain to Kidneys and difficult, painful Bowel movement after Il hours
5.	Ada. b. c. d.	ministrative Remedies: Sent form SF-95 to regional Office. Got no reply.  Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Did you submit a request for administrative relief on Count I?  Did you appeal your request for relief on Count I to the highest level?  If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

1.	State the constitutional or other federal civil right that was violated: 28 U.S.C. 1565
2.	Count II. Identify the issue involved. Check only one. State additional issues in separate counts.  Basic necessities
eiti ei pi un de	Supporting Facts. State as briefly as possible the FACTS supporting Count II. Describe exactly what Defendant did or did not do that violated your rights. State the facts clearly in your own words without glegal authority or arguments.  In ited States defendant owed plaintiff a duty of care which was eached that resulted in harm to his Health and Safety when BOF players in the service of the United States under 28 U.S.C. 2671 deprive intiff a Federally recognized American Indian From the Navajo trib en the protection of the United States enrollment number 610,179 by priving plaintiff of lifes Basic necessities (e.g. toilet facilities, fooder 18 USC 4042; United States v. Muniz, 374 U.S. 150 (1963)  self, and Inmates Wayne Fisher and Russell Eagle bear are Federally recognises of Indian tribes in the United States which are treaty tribes
4.	Injury. State how you were injured by the actions or inactions of the Defendant(s).
	Same as count 1
5.	Administrative Remedies. Sent form 95 to agency, but never got a reply.  a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  b. Did you submit a request for administrative relief on Count II?  c. Did you appeal your request for relief on Count II to the highest level?  d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

, a	COUNT III
1. St	ate the constitutional or other federal civil right that was violated:
2. <b>C</b>	ount III. Identify the issue involved. Check only one. State additional issues in separate counts.  Basic necessities
each D citing Wh 100- in h atter our become	reporting Facts. State as briefly as possible the FACTS supporting Count III. Describe exactly what referdant did or did not do that violated your rights. State the facts clearly in your own words without legal authority or arguments.  Lile in transit the BOP employees was exceeding speeds over the when they was seat belted and we (inmates) was not. All while and restraints and leg restraints, when we brought this to the stion of the Correctional Officers. They just laughed at us and ignore pleas about what they was doing. At one point we ran off the road is the window got covered with Slush from other vehicles. Yo's continued to violate the speed limit and putting us inmates in nent danger while it was snowing and the roads wet.
<u>I</u>	ijury. State how you were injured by the actions or inactions of the Defendant(s). was in Duress as I thought we was going to wreck while in this wheel Van
5. <b>A</b> a. b. c. d.	at your institution?  Did you submit a request for administrative relief on Count III?  Did you appeal your request for relief on Count III to the highest level?  Yes No

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

### E. REQUEST FOR RELIEF

State the relief you are seeking:  Compensatory damages  or 28 U.S.C. 1346(b)	pursuant to 28U.5.C.2675(6)
I declare under penalty of perjury that the foregoin Executed on	g is true and correct.  SIGNATURE OF PLAINTIFF
(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)	
(Signature of attorney, if any)	
(Attorney's address & telephone number)	

#### ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.



## U.S. Department of Justice Federal Bureau of Prisons Mid-Atlantic Regional Office

302 Sentinel Drive, Suite 200 Annapolis Junction, Maryland 20701

Ronald Tsosie Reg. No. 29723-008 USP Canaan P.O. Box 300 Waymart, PA 18472

Re: Administrative Tort Claim Number TRT-MXR-2010-01985

Dear Mr. Tsosie:

This will acknowledge receipt on December 10, 2009, of gur administrative tort claim for alleged personal injury at USP Hazelton on or about December 21, 2008. You claim a sum certain of \$100,000.00.

Under the provisions of the lederal Tort Claims Act, 28 U.S.C.§2675, we have simonths from the date of receipt of your claim in this office, to review, consider, and adjudicateour claim.

Should your claim include an allegation of loss of or damage to personal property, pursuant to 28 C.F.R., §14.4(c), you are required to include with your claim an itemized list of the property lost or damaged. If possible, for each item, please state its value, date and place of purchase. If the property was purchased in a Federal institution, submit the commissaryreceipt. If the property was not purchased in a Federal institution, submit a copyof the receipt of purchase. If you do not have a receipt please state as such, and list the place purchased, for emple: name of store, address, state, date and cost for each item allegal lost or damaged. Failure to respond within 30 days of this letter will delaythe investigation of your claim. If you have already included these items do not re-submit.

All correspondence regarding this claim should be addressed to: Regional Counsel, Federal Bureau of Prisons, Mid-Atlantic Regional Office, 10010 Junction Drive, Annapolis Junction, Maryland 20701. When corresponding with this office regarding this tort claim please refer to the above tort claim number. If you have any questions about the status of your claim or if the circumstances surrounding this claim change in any fashion, contact this office immediately Also, should your address change, please advise accordingly.

Sincerely,

Michelle T. Ruseyamore

Regional Counsel